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PATENT APPLICATION
Attorney Docket No. COR 130US

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter that is claimed and for which a utility patent is sought on the invention entitled:

**ADENINE BASED INHIBITORS OF ADENYLYL CYCLASE, PHARMACEUTICAL
COMPOSITIONS AND METHODS OF USE THEREOF**

the specification of which was filed on **November 20, 2001** as United States Non-Provisional
Application No. _____, bearing Attorney Docket No. COR 130US.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

- ☒ I hereby claim the benefit under Title 35, United States Code, § 119(e) or §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application No. <i>(U.S.S.N.)</i>	Filing Date <i>(dd/mm/yy)</i>	Status <i>(Patented, Pending, Abandoned)</i>
60/249,465	20/11/00	Pending

Applicant: Levy *et al.*
Application No.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney/Agent	Registration No.
Carmen Pili Ekstrom	34,981

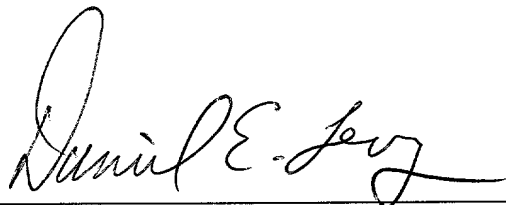
as Applicant's attorneys with full power of substitution and revocation to take any and all action necessary with regard to the above-identified patent.

Address all telephone calls to Carmen Pili Ekstrom (650) 244-6896. Address all correspondence to:

Carmen Pili Ekstrom
COR Therapeutics, Inc.
Patent Department
256 E. Grand Ave.
South San Francisco, CA 94080

Applicant: Levy *et al.*
Application No.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.



Signature of Daniel Levy

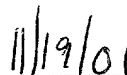


Date

Full Name of Inventor: Daniel Levy
Citizenship: United States
Residence: 2035 Carmelita Dr. San Carlos, CA 94070
Post Office Address: same



Signature of Charles Marlowe



Date

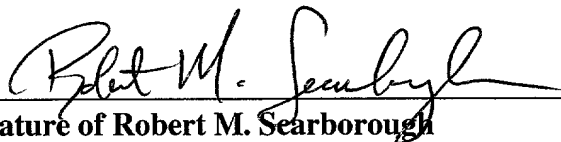
Full Name of Inventor: Charles Marlowe
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Post Office Address: same

Signature of Kim Kane-Maguire

Date

Full Name of Inventor: Kim Kane-Maguire
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Applicant: Levy *et al.*
Application No.



11-19-01

Signature of Robert M. Scarborough

Full Name of Inventor: Robert M. Scarborough
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Applicant: Levy et al.
Application No.

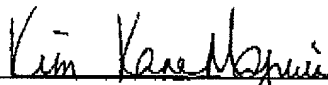
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or patent issued thereon.

**Signature of Daniel Levy****Date**

Full Name of Inventor: Daniel Levy
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Post Office Address: same

Signature of Charles Marlowe**Date**

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**Signature of Kim Kane-Maguire****Date**

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